§ 440.1

facility services for individuals age 65 or older in institutions for mental diseases.

- 440.150 Intermediate care facility (ICF/MR) services.
- 440.155 Nursing facility services, other than in institutions for mental diseases.
- 440.160 Inpatient pyschiatric services for individuals under age 21.
- 440.165 Nurse-midwife services.
- 440.166 Nurse practitioner services.
- 440.167 Personal care services.
- 440.168 Primary care case management services.
- 440.169 Case management services.
- 440.170 Any other medical or remedial care recognized under State law and specified by the Secretary.
- 440.180 Home or community-based services.
 440.181 Home and community-based services
- for individuals age 65 or older. 440.185 Respiratory care for ventilator-dependent individuals.

Subpart B—Requirements and Limits Applicable to All Services

- 440.200 Basis, purpose, and scope.
- 440.210 Required services for the categorically needy.
- 440.220 Required services for the medically needy.
- 440.225 Optional services.
- 440.230 Sufficiency of amount, duration, and scope.
- 440.240 Comparability of services for groups.
- 440.250 Limits on comparability of services.
- 440.255 Elimited Services available to certain aliens.
- 440.260 Methods and standards to assure quality of services.
- 440.270 Religious objections.

Subpart C—Benchmark Benefit and Benchmark-Equivalent Coverage

- 440.300 Basis.
- 440.305 Scope.
- 440.310 Applicability.
- 440.315 Exempt individuals.
- 440.320 State plan requirements: Optional enrollment for exempt individuals.
- 440.325 State plan requirements: Coverage and benefits.
- 440.330 Benchmark health benefits coverage.
- $440.335\,$ Benchmark-equivalent health benefits coverage.
- 440.340 Actuarial report for benchmarkequivalent coverage.
- 440.345 EPSDT services requirement.
- 440.350 Employer-sponsored insurance health plans.
- 440.355 Payment of premiums.
- 440.360 State plan requirement for providing additional services.
- 440.365 Coverage of rural health clinic and federally qualified health center (FQHC) services.

42 CFR Ch. IV (10-1-10 Edition)

- 440.370 Economy and efficiency.
- 440.375 Comparability.
- 440.380 Statewideness.
- 440.385 Delivery of benchmark and benchmark-equivalent coverage through managed care entities.
- 440.390 Assurance of transportation.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45224, Sept. 29, 1978, unless otherwise noted.

Subpart A—Definitions

§ 440.1 Basis and purpose.

This subpart interprets and implements the following sections of the Act:

1902(a)(70), State option to establish a non-emergency medical transportation program.

1905(a) Services included in the term "medical assistance."

1905 (c), (d), (f) through (i), (l), and (m) Definitions of institutions and services that are included in the term ''medical assistance.''

1913 "Swing-bed" services. (See §§ 447.280 and 482.66 of this chapter for related provisions on "swing-bed" services.)

1915(c) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals who would otherwise require the level of care furnished in a hospital, NF, or ICF/MR.

1915(d) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals age 65 or older who would otherwise require the level of care furnished in a NF.

[57 FR 29155, June 30, 1992, as amended at 61 FR 38398, July 24, 1996; 73 FR 77530, Dec. 19, 2008]

§ 440.2 Specific definitions; definitions of services for FFP purposes.

(a) Specific definitions.

Inpatient means a patient who has been admitted to a medical institution as an inpatient on recommendation of a physician or dentist and who—

- (1) Receives room, board and professional services in the institution for a 24 hour period or longer, or
- (2) Is expected by the institution to receive room, board and professional services in the institution for a 24 hour period or longer even though it later